

## SUPPLEMENTAL LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).<sup>1</sup>

### TRIAD NATIONAL SECURITY, LLC

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit [thehartford.com/employeebenefits](https://thehartford.com/employeebenefits)

### COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit <sup>2</sup> : 1x earnings, 2x earnings, 3x earnings, 4x earnings or 5x earnings Benefit <sup>2</sup> : \$250,000, \$500,000, \$750,000, or \$1,000,000 Maximum: the lesser of 5x earnings or \$1,000,000
Spouse	Benefit <sup>2</sup> : \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000
Child(ren)	Benefit: \$5,000 or \$10,000

### ASKED & ANSWERED

#### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active employee who is a citizen or legal resident of the US, expatriate and third-country national or citizen or legal resident of Canada, who works at least 40 hours full-time or 20 hours part-time per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

#### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

#### AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$750,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For your spouse coverage, if you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For your child(ren)'s coverage, this insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

<sup>2</sup>Your benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).

### **HOW DO I PAY FOR THIS INSURANCE?**

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### **WHEN CAN I ENROLL?**

You may enroll for coverage at any time. Any enrollment may be subject to the evidence of insurability provision. Your employer will provide instructions.

### **WHEN DOES THIS INSURANCE BEGIN?**

The initial effective date of this coverage is 01/01/2020. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

### **CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion are described in the certificate.

<sup>1</sup>LIMRA, Facts About Life 2016. Web. 30 June 2017. <[https://www.limra.com/uploadedFiles/limra.com/LIMRA\\_Root/Posts/PR/\\_Media/PDFs/Facts-of-Life-2016.pdf](https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf)>

### **Prepare. Protect. Prevail. With The Hartford.<sup>®</sup>**

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## **SUPPLEMENTAL LIFE INSURANCE**

### **GENERAL LIMITATIONS AND EXCLUSIONS**

- The amount of coverage may be reduced at certain ages for you and your spouse.
- A Supplemental Life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### **DEPENDENT LIMITATIONS AND EXCLUSIONS**

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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